

MEMORANDUM

TO: HEALTH AND HUMAN SERVICES TASK FORCE MEMBERS

FROM: SEAN RILEY, HHS TASK FORCE DIRECTOR

RE: 35-DAY MAILING—ALEC'S 40TH ANNUAL MEETING, HHS TASK FORCE

DATE: JULY 3, 2013

The American Legislative Exchange Council will host its 40th Annual Meeting August 7-9 at the <u>Palmer House Hilton</u> in Chicago. If you have not yet registered, the <u>Annual Meeting agenda</u>, registration, and hotel information are available <u>online</u>. Please note that the housing cut-off deadline is July 17.

The Scope of Practice Working Group will meet on Thursday, August 8th from 2:30 to 3:30 p.m. All Task Force members are welcome to attend, and those interested in taking part should contact HHS Legislative Analyst, Ed Walton, at ewalton@alec.org.

An HHS workshop on the value of medical innovation will take place immediately prior to lunch on Friday, August 9th from 11:00 a.m. to 12:15 p.m. All members are strongly encouraged to attend and learn how the private, public, and non-profit sectors are collaborating to bring new innovative treatments to market.

The Health and Human Services Task Force meeting will take place on Friday, August 9th from 2:30 to 5:30 p.m.

Additionally, please find the following HHS briefing materials enclosed:

- Faxable registration form for ALEC's 40th Annual Meeting
- Agenda for ALEC's 40th Annual Meeting
- Tentative Agenda for the HHS Task Force Meeting at ALEC's 40th Annual Meeting
- Proposed Model Legislation for consideration
- ALEC's Mission Statement/Reimbursement Policy/Task Force Operating Procedures

I look forward to seeing you all in Chicago for what is sure to be an excellent meeting. If you have any questions, please do not hesitate to contact me at (571) 482-5022, or at sriley@alec.org.

Best regards,

Sean Riley, HHS Task Force Director

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ATTENDEE REGISTRATION/HOUSING FORM

40th Annual Meeting August 7 - August 9

The Palmer House Hilton 17 East Monroe Street • Chicago, IL 60603



Phone / Questions • Mon-Fri, 9am-5:00 pm EST

Early registration deadline: June 19, 2013 Standard registration deadline: July 17, 2013 Housing Cut-off deadline: July 17, 2013

Online

Fax (credit cards only) 202.331.1344 571-482-5056 www alec org ATTENDEE INFORMATION □ Mr □ Mrs □ Sen □ Rep □ Del □ Ms □ Other Prefix (required) Middle Initial _____ Badge Nickname Last Name _ First Name Title Organization (required) Primary Address

Business
Home Daytime phone _____ _____ Fax ____ Alternate phone Email (confirmation will be sent by email) _____ Day Phone ______ Evening Phone _____ Emergency Contact Name _____ Dietary Restrictions ☐ This is my first time attending an ALEC event. *Spouse / Guest/Kids' Congress: If registering a spouse or guest, please complete the spouse/guest registration form **REGISTRATION INFORMATION** METHOD OF REGISTRATION PAYMENT EARLY STANDARD ON-SITE DAILY ** Please note that member fees are subject to verification ending July 17 beginning July 18 ending Credit Card: Credit cards will be charged immediately. Please fax to the June 19 above number for processing. □ ALEC Legislative Member \$475 \$575 \$675 \$295 \$395 □ Amer Express □ Visa MasterCard □ Legislator / Non-Member \$575 \$675 \$725 \$840 \$930 \$1099 \$595 □ ALEC Private Sector Member Card # □ Private Sector / Non-Member \$975 \$1065 \$1350 \$695 Cardholder (please print) _____ □ ALEC Non-Profit Member (501(c)(3) status required) \$610 \$685 \$760 \$395 Exp Date (mm/yy) _____ Security Code____ □ Non-Profit Non-Member (501(c)(3) status required) \$725 \$800 \$875 \$495 Signature _____ □ Legislative Staff / Government \$650 \$750 \$900 \$495 □ ALEC Alumni \$525 \$625 \$725 \$345 □ ALEC Legacy Member \$0 \$0 \$0 \$0 **REGISTRATION FEES: \$** Note: Registration forms with enclosed payments must be received by 5pm EST on the following dates to be eligible for discounted registration rates: June 19, 2013, for early registration rates, or July 17, 2013, for standard registration rates. Forms and/or payments received after July 17, 2013 will be subject to the on-site registration rate. REGISTRATION CONFIRMATION INFORMATION **REGISTRATION CANCELLATION / REFUND INFORMATION** Online registrants will receive immediate email confirmation. If registering by form, confirmation will be Registrations cancelled prior to 5:00pm EST July 17, 2013 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5:00pm EST emailed, faxed, or mailed within 72 hours of receipt of payment. July 17, 2013. All refund requests must be made in writing and sent via email to meetings@alec.org. Registration fees may be transferred from one registrant to another. Please send a transfer request in writing via email to meetings@alec.org. HOUSING RESERVATION CUTOFF FOR ALEC DISCOUNTED RATE IS 5pm EST July 17, 2013 Credit Card Information/ Reservation Guarantee The Palmer House Hilton Credit Card information is required at time of reservation to Arrival Date _____ ___ Departure Date ___ guarantee the reservation. Card must be valid through August Sharing with: (Maximum 4 guests per room) □ Please use the same credit card information as above. Special requests Room Rates □ Amer Express □ Visa □ MasterCard □ Discover □ ADA room required: Audio ___ Visual ___ Mobile □ Single \$189 Card # \$189 □ Rollaway / crib: ___ □ Double Cardholder (please print) □ Triple \$214 Other: Exp Date (mm/yy) _____ Security Code_____ □ Quad \$239 Signature ____

Note: Cutoff for reservations at the ALEC rate is July 17, 2013. After July 17, 2013 every effort will be made to accommodate new reservations, based on availability and rate. HOUSING CONFIRMATION INFORMATION

Online reservations will receive immediate email confirmation. Reservations received by form will be confirmed via email, fax, or mail within 72 hours of receipt.

All rates DO NOT include state and local tax currently 16.40% (subject to change)

HOUSING CANCELLATION / REFUND INFORMATION

Cancellations made within 24 hours of arrival will forfeit one night's room and tax. All changes and/or cancellations must be made directly with the hotel. Please obtain a cancellation number when your reservation is cancelled.

SPOUSE/ GUEST/ KIDS' CONGRESS REGISTRATION FORM

Early registration deadline: June 19, 2013 Standard registration deadline: July 17, 2013

40th Annual Meeting August 7 – August 9

The Palmer House Hilton 17 East Monroe Street ● Chicago, IL 60603



Online
www alec ord

Fax (credit cards only)
202.331.1344

Phone / Questions ● Mon-Fri, 9am-5:00 pm EST 571-482-5056

IMPORTANT: Please identify the ALEC attendee

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ALEC ATTENDEE Pro	ofile Information							
First Name	Last Name							
Daytime Phone								
Email (Confirmation will be								
SPOUSE / GUEST / KIDS' CONGRESS Registration Fees			#) x	EARLY ending June 19	STANDARD ending July 17	ON-SITE beginning July 18	DAILY	Amount
A. Spouse / Guest / Child 1	8 yrs or older	() x	\$150	\$150	\$150	n/a	= \$
B. Kid's Congress (6 months Full Conference Rate	s to 17 yrs) for ALEC Members	() x	\$250	\$350	\$550	n/a	= \$
C. Kid's Congress (6 months Full Conference Rate	s to 17 yrs) for Non-ALEC Members	() x	\$350	\$450	\$650	n/a	= \$
D. Kid's Congress (6 months Day rate: Wed., Thurs.,	() x	\$150	\$150	\$250	n/a	= \$	
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4. Payment Information Credit Card: Credit cards wi American Express Visa	ill be charged immediately. Please fax Card # Cardholder (please print)		above r	number for p	rocessing.			
4. Payment Information Credit Card: Credit cards with American Express	ill be charged immediately. Please fax Card #		above r	number for p	rocessing.			

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Confirmation Information

Cancellation / Refund Information

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Registrations cancelled prior to 5:00pm EST July 17, 2013 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5:00pm EST July 17, 2013. All refund requests must be made in writing and sent via email to meetings@alec.org.

2013 Annual Meeting Working Agenda* Wednesday, August 7

Registration Open, 7:30 a.m. - 5:00 p.m.

Exhibit Hall Open, 9:30 a.m. - 5:00 p.m.

Subcommittee Meetings, 7:30 a.m. – 11:30 a.m.

Plenary Lunch, 11:30 a.m. - 1:30 p.m.

Workshops, 1:45 p.m. – 4:30 p.m.

Various Receptions, 5:00 p.m. - 8:30 p.m.

Thursday, August 8

Registration, 7:30 a.m. - 5:00 p.m.

Exhibit Hall Open, 9:30 a.m. - 5:00 p.m.

Plenary Breakfast, 8:00 a.m. - 9:15 a.m.

Workshops, 9:30 a.m. - 12:15 p.m.

Plenary Lunch, 12:30 p.m. - 2:15 p.m.

Task Force Meetings, 2:30 p.m. - 5:30 p.m.

Various Receptions, 5:30 p.m. – 11:30 p.m.

Friday, August 9

Registration, 7:30 a.m. - 12:30 p.m.

Exhibit Hall Open, 9:30 a.m. - 12:00 p.m.

Plenary Breakfast, 8:00 a.m. - 9:15 a.m.

Workshops, 9:30 a.m. - 12:15 p.m.

Plenary Lunch, 12:30 p.m. - 2:15 p.m.

Task Force Meetings, 2:30 p.m. - 5:30 p.m.

Various Receptions, 5:30 p.m. – 6:30 p.m.

State Night Dinners, Times Will Vary

^{*}items subject to change



Health and Human Services Task Force Meeting 40th Annual Meeting

Friday, August 9, 2013 2:30 - 5:30 p.m.

TENTATIVE AGENDA

2:30 p.m. WELCOMING REMARKS

Introduction of Task Force Members and Guests

Senator Judson Hill, Georgia, HHS Public Sector Chair Marianne Eterno, Guarantee Trust Life Insurance, HHS Private Sector Chair

Approval of Minutes

2:45 p.m. SPECIAL PRESENTATIONS

An Update on Outstanding ACA Lawsuits Health Exchange Implementation and Open Enrollment MedMal Laws and the States Trends in Medicaid Managed Care

3:30 p.m. PROPOSED MODEL LEGISLATION: DISCUSSION AND VOTING

Freedom to Purchase Medical Services Act
Health Care Freedom Act
Health Exchange Authorization Act
Medicaid Block Grant Act
Medical Consultation Act
Oral Health Standards Act
Resolution on Negative Impact of Government-Mandated Rate Caps on
Health Insurance Premiums

5:00 p.m. SUNSET REVIEW

5:30 p.m. GOOD OF THE ORDER/ADJOURNMENT

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1	Freedom to Purchase Medical Services Act
2	(DRAFT, August 9, 2013)
3	
4	Summary
5	
6	This bill protects a patient's right to purchase health care services that are not covered by the
7	patient's insurance or Medicaid plan. Patients may pay out-of-pocket for such services and
8	health care professionals may accept those out-of-pocket payments.
9	
10	Model Legislation
11	Cartina 1 Title This Art shall be because at the "Free few to Develop Medical Commission
12 13	Section 1. Title. This Act shall be known as the "Freedom to Purchase Medical Services Act."
14	Act.
15	Section 2. Protection of Patient's Right to Seek Care Outside of Insurance Plan.
16	Nothing in State law shall be construed as prohibiting a patient from seeking care outside his
17	insurance plan, or outside the Medicaid program, and paying for such care.
18	
19	Section 3. Protection of Medical Professional's Right to Accept Out-of-Pocket Payment
20	Nothing in State law shall be construed as prohibiting a physician, other medical
21	professional, or medical facility from accepting payment for out-of-network services or for
22	private services provided to a Medicaid beneficiary.
23	
24	Section 4. Protection of Benefits.
25	A patient shall not forfeit insurance benefits or Medicaid benefits because of purchasing
26	medical services outside the system.
27	
28	Section 5. Required Disclosures.
29	Providers must disclose the text of the Enrollee Hold Harmless Clause, or its equivalent, in
30 31	insurance or managed-care provider contracts to patients if authorization for services or claims are denied, together with a plain-English explanation of its meaning.
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1 2	Health Care Freedom Act (DRAFT, August 9, 2013)
3	G.
4 5	Summary
6 7	This bill prohibits health insurers from accepting federal subsidies under the <i>Affordable Care Act</i> that facilitate the individual or employer mandate.
8	
9	Model Legislation
10 11	Section 1. Title. This Act shall be known as the "Health Care Freedom Act."
12	Section 1. This flet shall be known as the Treath earl Freedom flet.
13	Section 2. Definitions.
14	
15 16	(A) "Health insurance issuer" means {insert appropriate state health insurance issuer definition or state code reference}.
17	
18	(B) "Penalty" means any civil or criminal fine, tax, salary or wage withholding,
19	surcharge, fee, or any other imposed consequence established by law or rule of a
20	government or its subdivision or agency that is used to punish or discourage the
21	exercise of rights protected under this chapter.
22	
23	Section 3. Prohibition on Issuers. Enforcement.
2425	(A) A health insurance issuer operating in this state shall not accept any remuneration,
26	credit, or subsidy, as described in 42 U.S.C. 18082, that may result in the imposition
27	of penalties against any employer or individual in this state
28	or polaries against any emproyer or marviadar in and state
29	(B) If a health insurance issuer violates division (A) of this section, the issuer's license
30	to issue new business in the state shall be suspended immediately and until such time
31	as the issuer represents it has returned that remuneration, credit, or subsidy to its
32	source and will decline any such future remuneration, credit, or subsidy. Such
33	suspensions shall not be construed as impairing the right of contract or the right to
34	continue or renew existing business in the state.
35	
36	(C) The attorney general shall take such action as is provided in {insert appropriate
37	state law} in the defense or prosecution of rights protected under this chapter.
38	Section 4 Other Obligations of Attorney Conoral
39 40	Section 4. Other Obligations of Attorney General.
40 41	The attorney general shall seek injunctive and any other appropriate relief as expeditiously as
42	possible to preserve the rights and property of the residents of the state, and to defend as
43	necessary the state, and its officials, employees, and agents, in the event that any law or

regulation violating the public policy set forth in this chapter is enacted by any government,

subdivision, or agency thereof.

44 45

- 47 Section 5. {Severability clause.}
- 48
- 49 Section 6. {Repealer clause.}
- 50
- 51 Section 7. {Effective date.}



1 2	Health Exchange Authorization Act (DRAFT, August 9, 2013)
3	
4 5	Summary
6 7	This bill requires federal authorization for insurers to issue or deliver qualified health plans in a health benefit exchange under the <i>Affordable Care Act</i> .
8 9	Model Legislation
10 11 12	Section 1. Title. This Act shall be known as "Health Exchange Authorization Act."
13 14	Section 2. Definitions.
15 16	(A) As used in this Act, the following definitions apply:
17 18 19	(1) "Health benefit exchange" means an American Health Benefit Exchange administered by the federal government in compliance with § 1321(c), Patient Protection and Affordable Care Act (42 U.S.C. § 18041).
20 21 22 23	(2) "Qualified health plan" has the meaning assigned by § 1301(a), Patient Protection and Affordable Care Act (42 U.S.C. § 18021).
24 25	Section 3. State Authorization Prohibited.
26 27 28 29 30 31	A license or a certificate of authority issued to an insurer under this code does not authorize an insurer to issue or deliver to an individual in this state or a person authorized to do business in this state a qualified health plan offered through a health benefit exchange if the insurer accepts an advance payment of a premium tax credit or cost-sharing reduction under 42 U.S.C. § 18082 in connection with the issuance or delivery of qualified health plans.
32 33	Section 4. Federal Authorization Required.
34 35 36 37 38	An insurer must hold a license or other authority issued under applicable federal law to issue or deliver to an individual in this state or a person authorized to do business in this state a qualified health plan offered through a health benefit exchange if the insurer accepts an advance payment of a premium tax credit or cost-sharing reduction under 42 U.S.C. § 18082 in connection with the issuance or delivery of qualified health plans.
39 40	Section 5. {Severability clause.}
41 42 43	Section 6. {Repealer clause.}
44	Section 7. {Effective date.}

1 2	Medicaid Block Grant Act (DRAFT, August 9, 2013)
3 4	Summary
5 6 7 8	This bill relates to reforms designed to support state Medicaid programs, including requesting federal authorization to fund the state Medicaid program through a block grant or similar funding.
9 10	Model Legislation
11 12	Chapter 1. Title and Definitions.
13 14	Section 1. Title. This Act shall be known as the "Medicaid Block Grant Act."
15 16 17	Section 2. Definitions. In this Act:
18 19 20 21	(1) "Commission" means {insert applicable state health and human services agency or commission}.
21 22 23 24 25	(2) "Health benefit exchange" means an American Health Benefit Exchange administered by the federal government or an exchange created under Section 1311(b) of the Patient Protection and Affordable Care Act (42 U.S.C. § 18031(b)).
26 27 28 29	(3) "Long-term care services" means the provision of personal care and assistance related to health and social services given episodically or over a sustained period to assist individuals of all ages and their families to achieve the highest level of functioning possible, regardless of the setting in which the assistance is given.
30 31 32	(4) "Medicaid program" means the medical assistance program established and operated under Title XIX, Social Security Act (42 U.S.C. § 1396 et seq.).
33 34 35 36 37	(5) Nursing facility" means a convalescent or nursing home or related institution licensed under {insert state nursing home licensing provision}, that provides long-term care services to medical assistance recipients.
38 39 40	(6) "Patient Protection and Affordable Care Act" means the federal Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152).
41 42 43	(7) "State Medicaid program" means the medical assistance program provided by this state under the Medicaid program.
44 45 46	(8) "State supported living center" means a state-supported and structured residential facility operated by the {insert state Department of Aging and Disability Services

47 48	or comparable department } to provide to clients with mental retardation a variety of services, including medical treatment, specialized therapy, and training in the
49	acquisition of personal, social, and vocational skills.
50 51	(9) "Task force" means the Medicaid Reform Task Force established under Chapter 6
52	of this Act.
53	
54	Chanton 2 Federal Authorization to Deferm State Medicaid Duconomy Consuch
55 56	Chapter 2. Federal Authorization to Reform State Medicaid Program; General
56 57	Provisions.
58 59	Section 1. Federal Authorization to Reform Medicaid Required.
60	If the federal government establishes, through conversion or otherwise, a block grant funding
61	system for the Medicaid program or otherwise authorizes the state Medicaid program to
62	operate under a block grant funding system, including under a Medicaid program waiver, the
63	commission, in cooperation with applicable health and human services agencies, shall,
64	subject to Section 3 of this Chapter, administer and operate the state Medicaid program in
65	accordance with Chapters 2-4 of this Act.
66	
67	Section 2. Conflict With Other Law.
68	
69 70	To the extent of a conflict between a provision of Chapters 2-4 and:
70	(1) another exercision of state law, the muscision of Chemtons 2. A controller and
71 72	(1) another provision of state law, the provision of Chapters 2-4 controls; and
72 73	(2) a provision of federal law or any authorization described under Section (1) of this
73 74	chapter, the federal law or authorization controls.
7 5	chapter, the reactar law of authorization controls.
76	Section 3. Establishment of Reformed State Medicaid Program.
77	The commission shall establish a state Medicaid program that provides benefits under a risk-
78	based Medicaid managed care model.
79	
80	Section 4. Rules.
81	The executive commissioner shall adopt rules necessary to implement Chapters 2-4.
82	
83	Chapter 3. Acute Care.
84	
85	Section 1. Eligibility for Medicaid Acute Care.
86	
87	(A) An individual is eligible to receive acute care benefits under the state Medicaid program
88	if the individual:
89	

(1) meets the eligibility requirements that were in effect immediately before

implementation of the block grant funding system described by Chapter 2, Section 1;

90

92	or
93	
94	(2) is under 19 years of age and:
95	
96	(a) is receiving Supplemental Security Income (SSI) under 42 U.S.C. § 1381 et
97	seq.; or
98	
99	(b) is in foster care or resides in another residential care setting under the
100	conservatorship of {insert applicable state protective services agency}.
101	
102	(B) The commission shall provide acute care benefits under the state Medicaid program to
103	each individual eligible under this section through the most cost-effective means, as
104	determined by the commission.
105	
106	(C) If an individual is not eligible for the state Medicaid program under Subsection (A) and
107	the individual's household income exceeds 100 percent of the federal poverty level, the
108	commission shall refer the individual to a health benefit exchange.
109	Costion 2 Medicaid Cliding Cools Subsidies
110 111	Section 2. Medicaid Sliding Scale Subsidies.
111	(A) An individual who is eligible for the state Medicaid program under Section 1 of this
112	Chapter may receive a Medicaid sliding scale subsidy to purchase a health benefit plan from
113	an authorized health benefit plan issuer.
115	an authorized health benefit plan issuer.
116	(B) A sliding scale subsidy provided to an individual under this section must:
117	(b) A shaing scale substay provided to an individual under this section must.
118	(1) be based on:
119	(2) de duseu din
120	(a) the average premium in the market; and
121	(ii) the investigation and the control of the contr
122	(b) a realistic assessment of the individual 's ability to pay a portion of the
123	premium; and
124	
125	(2) include an enhancement for individuals who choose a high deductible health plan
126	with a health savings account.
127	
128	(C) The commission shall ensure that counselors are made available to individuals receiving
129	a subsidy to advise the individuals on selecting a health benefit plan that meets the
130	individuals' needs.
131	
132	(D) An individual receiving a subsidy under this section is responsible for paying:
133	
134	(1) any difference between the premium costs associated with the purchase of a health
135	benefit plan and the amount of the individual 's subsidy under this section; and
136	

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137 138	(2) any copayments associated with the health benefit plan.
139 140	(E) If the amount of a subsidy received by an individual under this section exceeds the premium costs associated with the individual 's purchase of a health benefit plan, the
141 142	individual may deposit the excess amount in a health savings account that may be used only in the manner described by Section 3(C) of this Chapter.
143	
144	Section 3. Delivery of Subsidies; Health Savings Accounts.
145 146	(A) The commission shall determine the most appropriate manner for delivering and administering subsidies provided under Section 2 of this Chapter or this section. In
147 148	determining the most appropriate manner, the commission shall consider depositing subsidy amounts for an individual in a health savings account established for that individual.
149	
150	(B) In addition to providing a subsidy to an individual under Section 2, the commission may
151	provide additional subsidies for coinsurance payments, copayments, deductibles, and other
152	cost-sharing requirements associated with the individual 's health benefit plan. The
153 154	commission shall provide the additional subsidies on a sliding scale based on income.
155	(C) A health sayings account established under this section may be used only to
156	(C) A health savings account established under this section may be used only to:
157	(1) pay health benefit plan premiums, copayments, and cost-sharing amounts;
158	(1) pay neural ceneral premiums, copayments, and cost sharing amounts,
159	(2) if appropriate, purchase health care-related goods and services; and
160	
161	(3) pay administrative fees associated with providing the account.
162	
163	Section 4. Medicaid Health Benefit Plan Issuers.
164	The commission shall allow any health benefit plan issuer authorized to write health benefit
165	plans in this state to participate in the state Medicaid program.
166	
167	Section 5. Maternity Benefits.
168	
169	(A) To be eligible for purchase under the state Medicaid program, a health benefit plan must
170	provide maternity benefits to state Medicaid program-eligible enrollees through an
171	endorsement or rider adopted by the commissioner of insurance in consultation with the
172	commission.
173 174	(B) Subject to Section 2 of this Chapter and other applicable requirements of Chapters 2-4,
174	the state Medicaid program will pay to the health benefit plan issuer a premium in the amount
176	fixed by the commissioner of insurance for the endorsement or rider. The commissioner of
170	insurance shall set premium rates under this section in amounts that are based on sound

actuarial principles and are not excessive, inadequate, unfairly discriminatory, or confiscatory

as to the health benefit plan issuer.

178

181	(C) The commissioner of insurance by rule shall establish criteria for health benefit plans that
182	provide maternity benefits under the state Medicaid program.
183	
184 185	(D) The executive commissioner in consultation with the commissioner of insurance shall establish minimum criteria that a person must meet in order to be eligible to receive prenatal
186	care under the state Medicaid program.
187	
188	Section 6. Reinsurance for Participating Health Benefit Plan.
189	• 0
190	(A) The commission in consultation with the commissioner of insurance shall study a
191	reinsurance program to reinsure participating health benefit plan issuers.
192	
193	(B) In examining options for a reinsurance program, the commission and commissioner of
194	insurance shall consider a plan design under which:
195	
196	(1) a participating health benefit plan is not charged a premium for the reinsurance;
197	and
198	
199	(2) the health benefit plan issuer retains risk on a sliding scale.
200	
201	Chapter 4. Long Term Care Services and Supports.
202	
203	Section 1. Eligibility: Long Term Care Services and Supports.
204	(A) An individual is eligible to receive long-term care services and supports under the state
205	Medicaid program if the individual:
206	
207	(1) has a household income at or below 220 percent of the federal poverty level; or
208	
209	(2) is under 19 years of age and:
210	
211	(a) is receiving Supplemental Security Income (SSI) under 42 U.S.C. § 1381 et
212	seq.; or
213	
214	(b) is in foster care or resides in another residential care setting under the
215	conservatorship of {insert applicable state protective services agency}
216	
217	(B) In determining eligibility, the commission may consider resources in the manner
218	specified by Section 4 of this Chapter.
219	
220	
221	Section 2. Delivery of Medicaid Benefits; Sliding Scale Subsidies.
222	
223	(A) Except as provided by Section 6 of this Chapter, an individual who is eligible for long-

(A) Except as provided by Section 6 of this Chapter, an individual who is eligible for long-term care benefits under the state Medicaid program shall receive a sliding scale subsidy in a

predetermined amount to be used to purchase long-term care services and supports from

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224

226	authorized Medicaid providers.
227	•
228	(B) A sliding scale subsidy provided to an individual under this section must:
229	• •
230	(1) be based on:
231	
232	(a) a single estimate of the average cost per person of long-term care services
233	and supports needed under the state Medicaid program; or
234	
235	(b) multiple estimates of the average cost per person of long-term care services
236	and supports needed under the state Medicaid program based on the
237	populations to be served;
238	
239	(2) increase or decrease, as appropriate, given budgetary considerations in accordance
240	with Section 7 of this Chapter; and
241	1.
242	(3) vary in amount granted to each individual based on the results of assessments
243	required in accordance with Section 4 of this Chapter.
244	134 mag in accordance with section 1 of this employ
245	(C) An individual receiving a subsidy under this section is responsible for paying any
246	difference between the cost of benefits and the amount of the individual-'s subsidy under this
247	section.
248	section.
249	(D) If the amount of a subsidy received by an individual under this section exceeds the
250	amount needed to purchase long-term care services and supports benefits, the individual
251	receiving the subsidy may deposit the excess amount in a health savings account that may be
252	used only in the manner described by Section 3(B) of this Chapter.
253	used only in the manner described by Section 3(B) of this Chapter.
254	
255	Section 3. Delivery of Subsidies; Health Savings Accounts.
256	becton 3. Denvery of Substates, Health Savings Accounts.
257	(A) The commission shall determine the most appropriate manner for delivering and
258	administering subsidies provided under this Chapter. In determining the most appropriate
259	manner, the commission shall consider depositing subsidy amounts for an individual in a
260	health savings account established for that individual.
261	hearth savings account established for that individual.
262	(B) A health savings account established under this section may be used only to:
263	(b) A health savings account established under this section may be used only to.
264	(1) pay the cost of long-term care services and supports under the state Medicaid
265	
266	program; and
266 267	(2) if appropriate purchase health care related goods and services
268	(2) if appropriate, purchase health care-related goods and services.
269	
∠09	

Section 4. Required Assessments.

270

272	(A) The commission shall establish a process for determining the amount of an eligible
273	individual's subsidy under Section 2 of this Chapter that requires each individual eligible for
274	benefits under the state Medicaid program to undergo:
275	
276	(1) a disability and functional acuity assessment; and
277	
278	(2) a financial assessment.
279	
280	(B) The commission shall contract with an independent medical evaluator to perform the
281	disability and functional acuity assessment required under Subsection (A)(1).
282	
283	(C) In conducting the financial assessment required under Subsection (A)(2), the commission
284	shall consider the resources available to the individual and the individual's family. The
285	executive commissioner shall define "family" for purposes of this section.
286	
287	(D) The commission shall use the results of both assessments required under this section to
288	determine the amount of an eligible individual-'s subsidy.
289	
290	
291	Section 5. Authorized Providers.
292	The commission shall:
293	
294	(1) establish standards for providers authorized to provide long-term care services and
295	supports under the state Medicaid program; and
296	
297	(2) make a list of authorized providers available to recipients under the program.
298	
299	Section 6. Exemptions.
300	This Chapter does not apply to:
301	
302	(1) an individual receiving medical assistance under the program of all-inclusive care for the
303	elderly (PACE) established under {insert state code provision establishing (PACE), if
304	applicable}.
305	
306	(2) an individual who is eligible for benefits under the state Medicaid program and who
307	requires placement in a nursing facility or state supported living center.
308	
309	
310	Section 7. Budgetary Considerations.
311	
312	(A) To ensure that the state does not exceed the state's budget for the provision of the state
313	Medicaid program, the commission shall:
314	
315	(1) set maximum subsidy amounts allowed under this Chapter to increase or decrease
316	at the same rate as federal and state funding; and
317	

318 (2) implement measures to adjust spending as necessary to stay within budgeted amounts.

(B) Measures implemented under Subsection(A)(2) may include implementing uniform benefit reductions applied to all subsidy payments that are automatically triggered and enforced by the commission based on actual expenditures.

Chapter 5. Medicaid: Incremental Reform.

Section 1. Customized Benefits Package.

The commission shall, for individuals receiving home and community-based services instead of institutional long-term care services, develop and implement customized benefits packages that are designed to prevent the overutilization of services. Customized benefits packages under this section must be based on an individualized needs assessment administered at a

332 single point of entry.

Section 2. Cost Effective Medicaid Managed Care Model.

Except as otherwise provided by this section and notwithstanding any other law, the commission shall provide medical assistance for acute care through the most cost-effective model of Medicaid managed care as determined by the commission. If the commission determines that it is more cost-effective, the commission may provide medical assistance for acute care in a certain part of this state or to a certain population of recipients using:

(1) a health maintenance organization model, including the acute care portion of Medicaid Star + Plus pilot programs; or

(2) a primary care case management model;

Section 3. Dual Eligible Integrated Care Demonstration Project.

(A) Subject to Subsection (B), the department shall establish a dual eligible integrated care demonstration project that would allow appropriate individuals described by {insert state code provisions pertaining to dual Medicaid and Medicare coverage}, as determined by the department, to receive long-term care services and supports under both the medical assistance program and the Medicare program through a single managed care plan.

(B) An individual who is a resident of a state supported living center is exempt from participation in the demonstration project established under this section.

Section 4. Parental Fee Program.

(A) To the extent allowed by federal law, the department shall establish a parental fee program that requires the parent or legal guardian of a child receiving institutional long-term care services or home and community-based services under the medical assistance program established under this Chapter to pay a fee for those services. The fee imposed under this section must be greater for a parent or legal guardian of a child who receives institutional

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long-term care services.

(B) Failure to pay a fee under this section may not affect a child's eligibility for benefits under the medical assistance program, but the parent or legal guardian may be subjected to attempts by the department to collect the fee.

(C) The executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement this section.

Section 5. Filial Responsibility Requirement.

(A) To the extent allowed by federal law, the department shall require that each adult child of a recipient receiving institutional long-term care services or home and community-based services under the medical assistance program established under this Chapter assumes some financial responsibility for the care the adult child's parent receives by:

(1) assessing a fee against the adult child, imposed on a sliding scale based on the household income of the adult child; or

(2) imposing an assessment on any transfer made to the adult child in the five years preceding the date the parent-recipient was determined eligible for benefits.

(B) Failure by an adult child to pay a fee or assessment under this section may not affect the parent-recipient's eligibility for benefits under the medical assistance program, but the adult child may be subjected to attempts by the department to collect the fee.

(C) The executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement this section.

Section 6. Study and Report on Estate Recovery Program.

(A) {Insert applicable state health and human services agency} shall conduct a study to examine the estate recovery program implemented by this state under 42 U.S.C. § 1396p(b)(1) and determine options the state has to improve recovery under and increase the efficacy of the program.

(B) Not later than {insert date}, the commission shall submit a written report containing the findings of the study conducted under this section together with the commission's recommendations to the governor, the lieutenant governor, and the standing committees of the senate and house of representatives having primary jurisdiction over the Medicaid program.

Section 7. Study and Report on Alternative Income and Asset Limits.

(A) {Insert applicable state health and human services agency}shall conduct a study imposing alternative income and asset limits for purposes of determining eligibility for long-term care services and supports under the medical assistance program under{insert state}

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409	code provisions for obtaining benefits for eligible citizens as authorized under the Social
410	Security Act or any other federal act. The commission shall consider:
411	
412	(1) imposing greater restrictions on exempt assets;
413	
414	(2) limiting the amount of income that an individual may transfer into a qualified trust
415	under 42 U.S.C. § 1396p(d)(4)(B) to an amount equal to the average cost of nursing
416	home care; and
417	
418	(3) reducing the income eligibility limit to qualify for Medicaid institutional long-term
419	care or home and community-based waiver services under the medical assistance
420	program under {insert state code provisions for obtaining benefits for eligible
421	citizens as authorized under the Social Security Act or any other federal act}.
422	
423	(B) Not later than{insert date}, the commission shall submit a written report containing the
424	findings of the study conducted under this section together with the commission's
425	recommendations to the governor, the lieutenant governor, and the standing committees of
426	the senate and house of representatives having primary jurisdiction over the Medicaid
427	program.
428	
429	Section 8. Study and Report on Nursing Home Providers.
430	
431	(A) {Insert applicable state health and human services agency} shall conduct a study on
432	the feasibility of selecting and reimbursing nursing home providers under the medical
433	assistance program under {insert state code provisions for obtaining benefits for eligible
434	citizens as authorized under the Social Security Act or any other federal act}, using a
435	competitive bidding process.
436	
437	(B) Not later than {insert date}, the commission shall submit a written report containing the
438	findings of the study conducted under this section together with the commission's
439	recommendations to the governor, the lieutenant governor, and the standing committees of
440	the senate and house of representatives having primary jurisdiction over the Medicaid
441	program.
442	Chantan (Madiarid Defama Tark Fama
443	Chapter 6. Medicaid Reform Task Force.
444 445	Castion 1. Took Fores
445	Section 1. Task Force.
446 447	(A) The Medicaid Deform Took Force is established for numerous of advising the commission
447 440	(A) The Medicaid Reform Task Force is established for purposes of advising the commission in designing a state Medicaid plan and program that are:
448 440	in designing a state Medicaid plan and program that are.
449 450	(1) consistent with Chapter 5 of this Act; and
450 451	(1) Consistent with Chapter 3 of this Act, and
452	(2) if the federal government establishes a block grant funding system in accordance
453	with Chapter 2. Section 1 of this Act, consistent with Chapters 2-4 of this Act

455 456	(B) The task force consists of 12 members appointed as follows:
457	(1) one member appointed by the governor;
458 459 460	(2) two members of {insert appropriate state Senate body} appointed by the lieutenant governor;
461 462 463	(3) two members of {insert appropriate state house of representatives body} appointed by the{insert ranking member of state house of representatives body};
464 465 466	(4) one member from the {insert Senate Committee on Finance or comparable committee}, appointed by the presiding officer;
467 468 469	(5) one member from the {insert House Appropriations Committee or comparable committee}, appointed by the presiding officer;
470 471 472	(6) one member of {insert Senate Committee on Health and Human Services or comparable committee}, appointed by the presiding officer;
473 474 475	(7) one member of {insert House Public Health Committee or comparable committee}, appointed by the presiding officer;
476 477 478	(8) the executive commissioner of the commission or the executive commissioner's designee;
479 480 481	(9) one representative of{insert Legislative Budget Board or comparable board};
482 483 484	(10) one representative of the {insert state Department of Insurance or comparable department}.
485 486	(C) The governor shall appoint the presiding officer of the task force.
487 488 489	(D) A member of the task force serves without compensation.
490 491 492	(E) Not later than {insert date}, the appropriate appointing officers shall appoint the members of the task force.
493 494	(F) Not later than{insert date}, the task force shall submit a report to the legislature regarding its activities under this section.
495 496 497	(G) This section expires{insert date}.
498 499	Chapter 7. Federal Authorization, Effective Date, Severability, and Repeal.

Section 1. Federal Waiver or Authorization.

Before implementing any provision of this Act, other than Chapters 2-4 of this Act, {insert applicable state health and human services agency or commission} shall request any waiver or authorization from a federal agency that is necessary for implementation of that provision and shall delay implementing that provision until the waiver or authorization is granted.

508 **Section 2. Effective Date.**

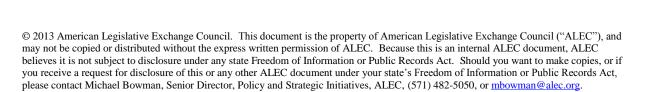
This Act takes effect{insert date}.

509510

511 Section 3. {Severability clause.}

512

513 Section 4. {Repealer clause.}



1	Medical Consultation Act
2	(DRAFT, August 9, 2013)
3	
4	Summary
5	
6	This bill allows a patient to consult a second physician without first acquiring permission
7	from the primary physician.
8	
9	Model Legislation
10	
11	Section 1. Title. This Act may be cited as the "Freedom in Medical Consultation Act."
12	Section 2 Describing Congulations does not Constitute the Descript of Medicine
13 14	Section 2. Providing Consultations does not Constitute the Practice of Medicine. The act of conducting medical consultations for the purpose of providing a patient with a
15	secondary assessment or opinion regarding any disease, condition, or any other health or
16	medical defect supplementary to the assessment or opinion rendered by another health or
17	medical professional shall not constitute the practice of medicine under {insert applicable
18	state law}.
19	
20	Section 3. Physician Permission Not Required.
21	Notwithstanding any other law, no permission from any physician or other health or medical
22	professional shall be required before a patient may receive a second assessment or opinion
23	regarding any disease, condition, or any other health or medical defect.
24	
25	Section 4. {Severability clause.}
26	
27	Section 5. {Repealer clause.}
28	
29	Section 6. {Effective date.}
30	

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1 2	Oral Health Standards Act (DRAFT, August 9, 2013)
3	
4	Summary
5 6 7 8	This bill implements oral health instruction into public school curricula; and achieves other purposes.
9	Model Legislation
10	Section 1. Title. This Act shall be known as the "Oral Health Standards Act."
11	
12	Section 2. Adoption of Oral Health Standards.
13	
14 15	The {insert applicable state education agencies} shall adopt oral health standards as part of the {insert state} physical education and health curriculum framework.
16	C. C. 2 FAIR I A COLUMN FIL CALD
17 18	Section 3. Establishment of Oral Health Educational Program.
19	The {insert applicable state education agencies} shall work with public schools to establish
20	an educational program to inform, train, and educate students concerning the importance of
21 22	achieving and maintaining good oral health.
23 24	Section 4. Curricula.
25 26	Curricula shall be designed according to objectives established by the {insert applicable state education agencies}.
27	
28	Section 5. Grade Specific Objectives, Incorporation into Existing Curricula.
29	The chiestives shall be used as a cities and shall be incomposed into the appropriate existing
30 31	The objectives shall be grade specific and shall be incorporated into the appropriate existing health and science curricula.
32	nearm and science curricula.
33	Section 6. Implementation.
34	Section of Implementation.
35	It is the intent of this section that the curricula shall be implemented gradually, on a basis to
36	be determined by the department, beginning no later than {insert date}, with early
37	elementary curricula and reaching full implementation at the high school level no later than
38 39	{insert date}.
40	Section 7. Voluntary Assistance to Achieve Purposes of Section.
41	·
42	The {insert applicable state education agencies} shall enlist the voluntary assistance of
43	appropriate dental health professionals, organizations, and departments as necessary to
44	achieve the purposes of this section.
45	
46	Section 8. {Severability clause.}

48 Section 9. {Repealer clause.}

49

47

50 Section 10. {Effective date.}



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1	Resolution on Negative Impact of Government-Mandated Rate Caps
2	on Health Insurance Premiums
3	(DRAFT, August 9, 2013)
4	Summary
5	
6	This resolution opposes government-mandated rate caps on health insurance premiums.
7	
8	Model Resolution
9	
10	WHEREAS, a variety of factors cause health insurance costs and premiums to rise, including
11	soaring medical costs and expanding utilization;
12	
13	WHEREAS, a number of changes associated with the Federal health care reform Law
14	(Patient Protection and Affordable Care Act) will increase health care spending, and lead to
15	greatly increased health insurance premiums to pay for expanding coverage, broadening and
16 17	enriching benefit packages, and guaranteeing coverage for millions of people with preexisting conditions;
18	Conditions,
19	WHEREAS, people will be charged the same health insurance rates regardless of medical
20	condition—so that a healthy person pays the same as someone with a chronic illness—which
21	will further drive an increase in health insurance premiums;
22	win rurance arrive an increase in neural insurance premiums,
23	WHEREAS, increasing health insurance costs and premiums have led to renewed calls for
24	anti-competitive and anti-free market rate caps on health insurance premiums;
25	
26	WHEREAS, such government-mandated rap caps are a form of price control that flies in the
27	face of free market principles; and
28	
29	WHEREAS, insurance premiums must be adequate to pay promised benefits, and the
30	imposition of artificial rate caps could risk insurer solvency and harm consumers;
31	NOW THE DEFORE DE UT DEGOLVED 4
32	NOW THEREFORE BE IT RESOLVED, that government-mandated caps on health
33	insurance premiums are a form of price control that negatively affects the costs and quality of
34 35	healthcare by increasing costs for consumers and reducing competition.
36	BE IT FURTHER RESOLVED, that {insert state} encourages Governors as well as
37	Members of Congress to consider that consumers would benefit from genuine market-based
38	and consumer-oriented health insurance reforms, which simultaneously would control costs,
39	improve quality, and expand access to health care for all Americans through free enterprise.
40	r
41	BE IT FURTHER RESOLVED, that copies of this resolution will be distributed to all
42	Governors and members of the U.S. Senate and the U.S. House of Representatives.



Mission Statement

To advance free markets, limited government, and federalism.



REIMBURSEMENT POLICY BY MEETING

ALEC Spring Task Force Summit:

- 1. **Spring Task Force Summit Reimbursement Form:** ALEC Task Force Members are reimbursed by ALEC up to a predetermined set limit for travel expenses. Receipts must be forwarded to the ALEC Policy Coordinator and approved by the Director of Policy.
- 2. ALEC Task Force Members' room & tax fees for a two-night stay are covered by ALEC.
- 3. Official Alternate Task Force Members (chosen by the State Chair and whose names are given to ALEC more than 35 days prior to the meeting to serve in place of a Task Force Member who cannot attend) are reimbursed in the same manner as Task Force Members.
- 4. **State Reimbursement Form**: Any fees above the set limit, or expenses other than travel and room expenses can be submitted by Task Force Members for payment from their state reimbursement account upon the approval of the State Chair. Receipts must be submitted to the State Chair, who will submit the signed form to the Director of Membership.
- 5. Non-Task Force Members can be reimbursed out of the state reimbursement fund upon State Chair approval. Receipts must be submitted to the State Chair, who will submit the appropriate signed form to the Director of Membership.

ALEC Annual Meeting.

State Reimbursement Form: State reimbursement funds are available for reimbursement by approval of your ALEC State Chair. Expenses are reimbursed after the conference, and may cover the cost of travel, room & tax, and registration. Receipts are to be submitted to the State Chair, who will then submit the signed form to the Director of Membership.

ALEC States & Nation Policy Summit:

- 1. States & Nation Policy Summit Reimbursement Form: ALEC offers two scholarships per state to cover the cost of travel, room & tax, and registration not to exceed \$1,000.00 per person for a total of \$2,000.00 per state. ALEC scholarship recipients must be named by the ALEC State Chair. Expenses are submitted to the State Chair and reimbursed after the conference. The State Chair submits the signed form to the Director of Membership.
- 2. **State Reimbursement Form**: Any other fees or payments must come out of the state reimbursement account, with the approval of the State Chair. Receipts must be submitted to the State Chair, who submits the signed form to the Director of Membership.

ALEC Academies:

Academy Reimbursement Form: Attendees of ALEC Academies are reimbursed by the Task Force Committee hosting the Academy. Attendees will receive a form at the Academy, and will be reimbursed up to \$500.00 for travel, and room & tax fees for a two-night stay by ALEC. Receipts must be forwarded to the appropriate Task Force Director and approved by the Director of Policy.



American Legislative Exchange Council TASK FORCE OPERATING PROCEDURES

I. MISSION OF TASK FORCES

Assume the primary responsibility for identifying critical issues, developing ALEC policy, and sponsoring educational activities which advance the Jeffersonian principles of free markets, limited government, federalism, and individual liberty. The mission will be accomplished through a non-partisan, public and private partnership between ALEC's legislative and private sector members in the specific subject areas assigned to the Task Force by the Legislative Board of Directors.

II. TASK FORCE RESPONSIBILITIES

- A. Task Forces have the primary responsibility for identifying critical issues and developing ALEC's official policy statements and model legislation appropriate to the **specific subject areas** of the Task Force.
- B. Task Forces serve as forums for an exchange of ideas and sharing of experiences between ALEC's state legislator and private sector members.
- C. Task Forces are responsible for developing and sponsoring the following educational activities appropriate to the specific subject area of the Task Force:
 - publications that express policy positions, including, but not limited to State Factors and Policy Briefs;
 - educational communication and correspondence campaigns;
 - issue specific briefings, press conferences and press campaigns;
 - witness testimony and the activities of policy response teams;
 - workshops at ALEC's conferences; and
 - specific focus events.
- D. The Executive Director is to develop an **annual budget**, which shall include expenses associated with Task Force meetings and educational activities. A funding mechanism to finance all meetings and educational activities proposed by Task Forces must be available before they can be undertaken.

III. GENERAL PROCEDURES

A. Requests from ALEC members for policy statements, model legislation and educational activities shall be directed by the Executive Director to the appropriate Task Force, or the Legislative Board of Directors if the issue does not fall within the **jurisdiction** of any Task Force. The appropriate Public and Private Sector Task Force Co-Chairs determine the agenda for each Task Force meeting, and the meetings will be called and conducted in accordance with these Operating Procedures.

The Director of Policy with the consent of the Executive Director assigns a model bill or resolution to the most appropriate Task Force based on Task Force content and prior jurisdictional history 35 days before a Task Force Meeting. All Task Force Co-Chairs will be provided an email or fax summary of all **model bills and resolutions 35 days before** the Task Force meeting

If both the Co-Chairs of a Task Force are in agreement that they should have jurisdiction on model legislation or a resolution, the legislation or resolution will be considered by the Task Force. If the other Task Force Co-Chairs believe they should have jurisdiction or if the author of the model bill or resolution does not agree on the jurisdictional assignment of the bill, they will have 10 days after the 35-day mailer deadline to submit in writing or by electronic appeal to the Director of Policy their intent to challenge the jurisdiction assignment. The Director of Policy will notify the Executive Director who will in turn notify the National Chair and the Private Enterprise Advisory Council Chair. The National Chair and the Private Enterprise Advisory Council Chair will in turn refer the matter in question to the Legislative Board of Directors Task Force Board Committee. The Director of Policy will establish a conference call for the Task Force Board Committee cochairs, the author, the affected Task Force Co-Chairs and the Director of Policy at a time convenient for all participants.

The Task Force Board Committee Co-Chairs shall listen to the jurisdictional dispute by phone or in person within 10 days of the request. If both Task Force Board Committee Co-Chairs are in agreement that the Director of Policy made an incorrect jurisdictional referral, only then will the model bill or resolution be reassigned to a committee as they specify once agreed upon by the National Chair and the Private Enterprise Advisory Council Chair. The bill or model resolution is still eligible to be heard in whatever Task Force it is deemed to be assigned to as if submitted to the correct Task Force for the 35-day mailer. The National Chair and the Private Enterprise Advisory Council Chair decision is final on this model bill or resolution.

Joint referral of model legislation and/or resolutions are allowed if all the affected Task Force Co-Chairs agree. All model legislation and resolutions that have been referred to, more than one Task Force must pass the identical language in both Task Forces within two consecutive Task Force meetings. It is at the Task Force Co-Chairs discretion how they will handle the hearings of the model legislation or resolution. Both sets of co-chairs have the ability to call a

working group, subcommittee, or simply meet consecutively or concurrently if necessary.

If the Task Force co-chairs both agree to waive jurisdiction, they may do so as long as another Task Force still has jurisdiction.

The National Chair and the Private Enterprise Advisory Council Chair will rely upon the Task Force Board Committee Co-Chairs for advice and recommendations on model legislation or resolutions when no jurisdiction in any of the existing Task Forces in operation can be found. The Task Force Board Committee Co-Chairs will work with the Executive Director and the Director of Policy to identify public and private sector Task Force members (not alternates) from the existing Task Forces should their expertise be of assistance to the Task Force Board Committee in reaching a determination and recommendation for approval by the National Chair and the Private Enterprise Advisory Council Chair.

- B. The National Chair and the Private Enterprise Advisory Council Chair will rely upon the Task Force Board Committee Co-Chairs for advice and recommendations on model legislation or resolutions when no jurisdiction in any of the existing Task Forces in operation can be found. The Task Force Board Committee Co-Chairs will work with the Executive Director and the Director of Policy to identify public and private sector Task Force members (not alternates) from the existing Task Forces should their expertise be of assistance to the Task Force Board Committee in reaching a determination and recommendation for approval by the National Chair and the Private Enterprise Board Chair.
- C. The Legislative Board of Directors shall have ultimate authority over Task Force procedures and actions including the authority to create, to merge or to disband Task Forces and to review Task Force actions in accordance with these Operating Procedures. Nothing in these Operating Procedures prohibits the Legislative Board of Directors from developing ALEC policy; however, such a practice should be utilized only in exceptional circumstances. Before the policy is adopted by the Legislative Board of Directors, it should be sent to the Public and Private Sector Task Force Co-Chairs under whose jurisdiction the matter falls for review and comment back to the Legislative Board of Directors.
- D. The **operating cycle of a Task Force** is two years. A new operating cycle begins on January 1 of each odd numbered year and ends on December 31 of the following even numbered year. Task Force activities shall be planned and budgeted on an annual basis within each two-year operating cycle.
- E. If a Task Force is **unable to develop an operating budget**, the Legislative Board of Directors will determine whether to continue the operations of the Task Force. This determination will be made according to: (1) the level of

- membership on the Task Force, and (2) the need for continued services developed by the Task Force for ALEC.
- F. **The Legislative Board of Directors** shall have the authority to allocate limited general support funds to finance the annual operating budget of Task Forces that meet the requirements prescribed in Section III (E). The Executive Director shall determine, and report to the Legislative Board of Directors, the amount of general support funds available to underwrite such Task Forces.

IV. MEMBERSHIP AND MEMBER RESPONSIBILITIES

- A. The membership of a Task Force consists of legislators who are members in good standing of ALEC and are duly appointed to the Task Force, in accordance with Section VI (A) and private sector organizations that are full members of ALEC, contribute to the assessment for the Task Force operating budget, and are duly appointed to the Task Force, in accordance with Section VI (B). Private sector organizations that were full members of ALEC and contributed the assessment for the Task Force's operating budget in the previous year, can be appointed to the Task Force for the current year, conditional upon renewal of full ALEC membership and receipt of the current year's assessment for the Task Force operating budget prior to March 31st, unless an alternative date has been approved by the Executive Director.
- B. Each Task Force shall have least two **Co-Chairs**; a Public Sector Task Force Co-Chair and a Private Sector Task Force Co-Chair. The Public Sector Task Force Co-Chair must be a member of the Task Force and appointed in accordance with Section VI (A). The Private Sector Co-Chair must represent a private sector member of the Task Force and be appointed in accordance with Section VI(B). The Co-Chairs shall be responsible for:
 - (1) calling the Task Force and the Executive Committee meetings to order, setting the agenda and co-chairing such meetings;
 - (2) appointing and removing legislators and private sector members to and from the Task Force Executive Committee and subcommittees;
 - (3) creating subcommittees, and determining each subcommittee's mission, membership limit, voting rules, deadlines, and term of service; and
 - (4) selecting Task Force members to provide support for and against Task Force policies during formal Board reviews.
 - (5) Reviewing bills that are approaching the five year Sunset as specified in Section
- C. Each Task Force shall have an **Executive Committee** appointed by the Public and Private Sector Task Force Co-Chairs that is appropriate in number to carry out the work product and strategic plan of ALEC and the Task Force. The

Executive Committee shall consist of the Public Sector Task Force Co-chair, the Private Sector Task Force Co-Chair, the subcommittee co-chairs, and the remainder will be an equal number of legislative and private sector Task Force members. The Executive Committee will be responsible for determining the operating budget and proposing plans, programs and budgets for the succeeding year in accordance with (Section V (B); determining if a proposed educational activity conforms to a previously approved model bill, resolution or policy statement in accordance with (Section IX (F); and determining if an emergency situation exists that justifies waiving or reducing appropriate time limits in accordance with (Section VIII (H)).

- D. Each Task Force may have any number of **subcommittees**, consisting of Task Force members and advisors to focus on specific areas and issues and make policy recommendations to the Task Force. The Task Force Co-chairs, shall create subcommittees and determine each subcommittee's mission, membership limit, voting rules, deadlines, and term of service. Any model bill, resolution or policy statement approved by a subcommittee must be approved by the Task Force and the Legislative Board of Directors before it can be considered official ALEC policy.
- E. Each Task Force may have advisors, appointed in accordance with Section VI (G). Advisors shall assist the members and staff of the Task Force. They shall be identified as advisors on official Task Force rosters, included in all official Task Force mailings and invited to all Task Force meetings. Advisors may also have their expenses paid at Task Force meetings covered by the Task Force operating budget with the approval of the Task Force Co-Chairs. An advisor cannot be designated as the primary contact of a private sector Task Force member, cannot be designated to represent a private sector Task Force member at a Task Force, Executive Committee, or subcommittee meeting, and cannot offer or vote on any motion at a Task Force, Executive Committee, or subcommittee meeting.

V. Task Force Budgets

- A. Each Task Force shall develop and operate a yearly budget to fund meetings.
- B. The **operating budget** shall be used primarily to cover expenses for Task Force meetings, unless specific funds within the budget are authorized for other use by the Task Force. The operating budget shall be assessed equally among the private sector members of the Task Force. The Executive Director, in consultation with the Task Force Co-Chairs shall determine which costs associated with each meeting will be reimbursed from the operating budget. Any funds remaining in a Task Force's operating budget at the end of a year are transferred to ALEC's general membership account.
- C. The operating budget shall not be used to cover Task Force meeting expenses associated with **alternate task force members'** participation, unless they are

appointed by their State Chair to attend the Spring Task Force Summit with the purpose to serve in place of a Task Force Member who is unable to attend. Task Force meeting expenses of alternate task force members shall be covered by their state's scholarship account.

D. The **programming budget** shall be used to cover costs associated with educational activities. Contributions to the programming budget are separate, and in addition to operating budget contributions and annual general support/membership contributions to ALEC. The Executive Director shall determine the contribution required for each educational activity.

VI. PROCESS FOR SELECTING TASK FORCE MEMBERS, CHAIRS, COMMITTEES AND ADVISORS

VI. PROCESS FOR SELECTING TASK FORCE MEMBERS, <u>ALTERNATES</u>, <u>TEMPORARY ALTERNATES</u>, CHAIRS, COMMITTEES AND ADVISORS

- A. Prior to February 1 of each odd-numbered year, the current and immediate past National chairman will jointly select and appoint *in writing three legislative Task Force Members and up to five Alternate Legislative Members* who will serve for the current operating cycle, after receiving nominations from ALEC's Public and Private State Chairs, the Executive Director and the ALEC Public and Private Sector members of the Board. At any time during the year, the National Chairman may appoint in writing new legislator members to each Task Force, except that no more than three legislators from each state may serve as members of any Task Force, no legislator may serve on more than one Task Force and the appointment cannot be made earlier than thirty days after the new member has been nominated. The Temporary Alternate appointment is the only exception. Each state has one temporary alternate position available for each Task Force. No less than seven days prior to the Task Force Meeting, the State Chair may submit a Temporary Alternate appointment in writing to the Task Force Director. The Temporary Alternate does not have permanent status on the Task Force and may not introduce legislation. The appointment ends at the adjournment of the Task Force *Meeting.* In an effort to ensure the nonpartisan nature of each Task Force, it is recommended that no more than two legislators of any one political party from the same state be appointed to serve as members of any Task Force. A preference will be given to those ALEC legislator members who serve on or chair the respective Committee in their state legislature.
- B. Prior to January 10 of each odd-numbered year, the current and immediate past National Chair will jointly select and appoint in writing **the Task Force Chair** who will serve for the current operating cycle, after receiving nominations from the Task Force. Nominations will be requested by the outgoing Task Force Chair and may be placed in rank order prior to transmittal to the Executive Director no later than December 1 of each even-numbered year. No more than

five names may be submitted in nomination by the outgoing Task Force chair. The current and immediate past National Chairs will jointly make the final selection, but should give strong weight to the recommendations of the outgoing Task Force Chair. In an effort to empower as many ALEC leaders as possible, State Chairs and members of the Legislative Board of Directors will not be selected as Task Force Chairs. Task Force Chairs shall serve for one operating cycle term. Where special circumstances warrant, the current and immediate past National Chairs may reappoint a Task Force Chair to a second operating cycle term.

- C. Prior to February 1 of each odd numbered year, the Public and Private Sector Task Force Co-Chairs will select and appoint in writing the legislative and private sector members of the **Task Force Executive Committee**, who will serve for the current operating cycle. The Public and Private Sector Task Force Co-Chairs will select and appoint in writing the legislative and private sector members and advisors to any subcommittee.
- D. Prior to February 1 of each year, the Private Enterprise Advisory Council Chair and the immediate past Private Enterprise Advisory Council Chair will select and appoint in writing the private sector members to the Task Force who will serve for the current year. The appointment letter shall be mailed to the individual designated as the primary contact for the private sector entity. At any time during the year, the Chair of the Private Enterprise Advisory Council may appoint in writing **new private sector members** to each Task Force, but no earlier than thirty days after the new member has qualified for full membership in ALEC and contributed the assessment for the appropriate Task Force's operating budget.
- E. Prior to January 10 of each odd-numbered year, the Chair of the Private Enterprise Advisory Council and the immediate past Private Enterprise Advisory Council Chair will select and appoint in writing the Task Force Private Sector Co-Chair who will serve for the current operating cycle, after receiving nominations from the Task Force. Nominations will be requested by the outgoing Task Force Private Sector Chair and may be placed in rank order prior to transmittal to the Chair of the Private Enterprise Advisory Council. The Chair and the immediate past Chair of the Private Enterprise Advisory Council will make the final selection, but should give strong weight to the recommendations of the outgoing Private Sector Task Force Co-Chair. In an effort to empower as many ALEC private sector members as possible, Private Enterprise State Chairs and members of the Private Enterprise Advisory Council will not be selected as Private Sector Task Force Co-Chairs. Private Sector Task Force Co-Chairs shall serve for one operating cycle term. Where special circumstances warrant, the current and immediate past Chair of the Private Enterprise Advisory Council may reappoint a Task Force Private Sector Chair to a second operating cycle term.

- F. Prior to February 1 of each odd-numbered year, the Task Force Private Sector Co-Chair will select and appoint in writing the **private sector members of the Task Force Executive Committee**, who will serve for the current operating cycle. The Task Force Private Sector Co-Chair shall select and appoint in writing the private sector members of any subcommittees.
- G. The Public and Private Sector Task Force Co-Chairs, may jointly appoint subject matter experts to serve as **advisors** to the Task Force. The National Chair and the Private Enterprise Advisory Council Chair may also jointly recommend to the Task Force Co-Chairs subject matter experts to serve as advisors to the Task Force.

VII. REMOVAL AND VACANCIES

- A. The National Chair may remove any Public Sector **Task Force Co-Chair** from his position and any legislative member from a Task Force with or without cause. Such action will not be taken except upon thirty days written notice to such Chair or member whose removal is proposed. For purposes of this subsection, cause may include failure to attend two consecutive Task Force meetings.
- B. The Public Sector Task Force Co-Chair may remove any legislative member of an **Executive Committee or subcommittee** from his position with or without cause. Such action shall not be taken except upon thirty days written notice to such member whose removal is proposed. For purposes of this subsection, cause may include failure to attend two consecutive meetings.
- C. The Chair of the Private Enterprise Advisory Council may remove any Private Sector Task Force Co-Chair from his position and any private sector member from a Task Force with cause. Such action shall not be taken except upon thirty days written notice to such Chair or member whose removal is proposed. For purposes of this subsection, cause may include but is not limited to the non-payment of ALEC General Membership dues and the Task Force dues.
- D. The Private Sector Task Force Co-Chair may remove any **private sector member of an Executive Committee or subcommittee** from his position with cause. Such action shall not be taken except upon thirty days written notice to such member whose removal is proposed. For purposes of this subsection, cause may include but is not limited to the non-payment of ALEC General Membership dues and the Task Force dues.
- E. The Public and Private Sector Task Force Co-Chairs may remove an **advisor** from his position with or without cause. Such action shall not be taken except upon thirty days written notice to such advisor whose removal is proposed.

- F. Any member or advisor may **resign** from his position as Public Sector Task Force Co-Chair, Private Sector Task Force Co-Chair, public or private sector Task Force member, Task Force advisor, Executive Committee member or subcommittee member at any time by writing a letter to that effect to the Public Sector and Private Sector Task Force Co-Chairs. The letter should specify the effective date of the resignation, and if none is specified, the effective date shall be the date on which the letter is received by the Public and Private Task Force Co-Chairs.
- G. All **vacancies** for Public Sector Task Force Co-Chair, Private Sector Task Force Co-Chair, Executive Committee member and subcommittee member shall be filled in the same manner in which selections are made under Section VI. All vacancies to these positions must be filled within thirty days of the effective date of the vacancy.

VIII. MEETINGS

A. Task Force meetings shall only be called by the joint action of the Public and Private Sector Task Force Co-Chairs. Task Force meetings cannot be held any earlier than thirty-five days after being called, unless an emergency situation has been declared pursuant to Section VIII (H), in which case Task Force meetings cannot be held any earlier than ten days after being called. It is recommended that, at least once a year, the Task Forces convene in a common location for a joint Task Force Summit. Executive Committee meetings shall only be called by the joint action of the Public and Private Sector Task Force Co-Chairs and cannot be held any earlier than three days after being called, unless the Executive Committee waives this requirement by unanimous consent.

All ALEC model bills and resolutions will have an original adoption date and five year sunset date which can be renewed by a vote of the Task Force Executive Committee or the full Task Force and the ALEC Legislative Board of Directors.

All bills or model resolutions that are four years from adoption date will have one year for the Task Force to review and vote on whether to extend another five years. The Task Force Director will transmit all four year old model bills and resolutions to the Task Force Executive Committee no later than **65 Days** before the next Task Force Meeting.

In the **65 Day Notice** ALEC Staff will make one of the following recommendations for each four year model bill or resolution to the Task Force Executive Committee.

- The policy should sunset
- The policy should be amended
- The policy should be retained

The Task Force Co Chairs may appoint a special committee to review the recommendations from the ALEC staff. Executive Committees are to vote **40 Days** prior the next Task Force Meeting. The Executive Committees shall vote by phone, in person, or by any electronic means.

If a two-thirds majority of the Task Force **Executive Committee votes to retain** the model bill or resolution that action is to be reported to the full Task Force. The model bill or resolution will be directly transmitted to the Legislative Board of Directors for consideration. No Task Force vote is necessary since the model bill or resolution is existing policy and both the Task Force Executive Committee and the Legislative Board of Directors will vote to extend the sunset.

If a majority of the Task Force **Executive Committee agrees to sunset, amend, or retain** the model bill or resolution the model policy moves onto the full Task Force. The Task Force Executive Committee will transmit all model bills that are to expire as sunset or that are to be amended to the full Task Force. At the Co-Chairs discretion, any bill or resolution up for task force consideration may be placed on the **consent slate** that will go before the full Task Force.

Any member of the Task Force may make a motion to separate any model bill or resolution from the Consent calendar but must have an additional four members of the Task Force rise in support to second the motion. It would take a majority of the public and private sector bill to take any action on the model bill or resolution.

All model bills retained, amended, or sunset will go before the Legislative Board of Directors for approval before adoption as described in Section IX.

- B. At least forty-five days prior to a task force meeting any model bill, resolution or policy must be submitted to ALEC staff that will be voted on at the meeting. At least thirty-five days prior to a Task Force meeting, ALEC staff shall distribute copies of any model bill, resolution or policy statement that will be voted on at that meeting. This requirement does not prohibit modification or amendment of a model bill, resolution or policy statement at the meeting. This requirement may be waived if an emergency situation has been declared pursuant to Section VIII(H).
- C. **All Task Force meetings are open** to registered attendees and invited guests of ALEC meetings and conferences. Only <u>Legislative Members who serve as</u> regular Task Force Members may introduce any resolution, policy statement or model bill. <u>Private Sector</u> Task Force members will be allowed to participate in the Task Force meeting discussions and be seated at the table during Task Force meetings.

- D. ALEC private sector member organizations may only be represented at Task Force and Executive Committee meetings by the individual addressed in the **appointment letter** sent pursuant to Section VI (D) or a designee of the private sector member. If someone other than the individual addressed in the appointment letter is designated to represent the private sector member, the designation must be submitted in writing to the Public and Private Sector Task Force Co-Chairs before the meeting, and the individual cannot represent any other private sector member at the meeting.
- E. All Task Force and Executive Committee meetings shall be conducted under the guidelines of **Roberts Rules of Order**, except as otherwise provided in these Operating Procedures. A copy of the Task Force Operating Procedures shall be included in the briefing packages sent to the Task Force members prior to each meeting.
- F. A majority vote of legislative members present and voting and a majority vote of the private sector members present and voting, polled separately, are required to approve any motion offered at a Task Force or Executive Committee meeting. A **vote** on a motion to reconsider would be only with the sector that made the motion. Members have the right, in a voice vote, to abstain and to vote present by roll-call vote. In all votes a member can change their vote up until the time that the result of the vote is announced. Only duly appointed members or their designee as stated in Section VIII (D) that are present at the meeting may vote on each motion. **No proxy, absentee or advance voting is allowed.**
- G. The Public Sector Task Force Co-Chair and the Private Sector Task Force Co-Chair, with the concurrence of a majority of the Executive Committee, polled in accordance with Section VIII (F), may schedule a Task Force vote by mail or any form of electronic communication on any action pertaining to policy statements, model legislation or educational activity. The deadline for the receipt of votes can be no earlier than thirty-five days after notification of the vote is mailed or notified by any form of electronic communication, unless an emergency situation is declared pursuant to Section VIII (H), in which case the deadline can be no earlier than ten days after notification is mailed or notified by any form of electronic communication. Such votes are exempt from all rules in Section VIII, except: (1) the requirement that copies of model legislation and policy statements be mailed or notified by any form of electronic communication with the notification of the vote and (2) the requirement that a majority of legislative members voting and a majority of the private sector members voting, polled separately, is required to approve any action by a Task Force.
- H. For purposes of Sections VIII(A), (B) and (G), an **emergency situation** can be declared by:

- (1) Unanimous vote of all members of the Task Force Executive Committee present at an Executive Committee meeting prior to the meeting at which the Task Force votes on the model bill, resolution or policy statement; or
- (2) At least three-fourth majority vote of the legislative and private sector Task Force members (voting in accordance with Section VIII (F)) present at the meeting at which the members vote on the model bill, resolution or policy statement.
- I. Ten Task Force members shall **constitute a quorum** for a Task Force meeting. One-half of the legislative and one-half of the private sector members of an Executive Committee shall constitute a quorum for an Executive Committee meeting.

IX. REVIEW AND ADOPTION PROCEDURES

- A. All Task Force policy statements, model bills or resolutions shall become **ALEC policy** either: (1) upon adoption by the Task Force and being deemed within the scope of ALEC's core mission affirmation by the Legislative Board of Directors or (2) 70 days after adoption by the Task Force if no member of the Legislative Board of Directors requests **a formal review by the Board of Directors**, or (3) the National Chair may request an expedited vote on any bill that passed the Task Force by a 2/3 vote and is deemed within ALEC's core mission which waives all the Board deadlines. General information about the adoption of a policy position may be announced upon adoption by the Task Force.
- B. The Executive Director/Senior Director of Policy shall transmit within 20 days all Task Force policy statements, model bills or resolutions to the Executive Committee of the Board of Directors. The Executive Committee shall review and determine that each bill or model resolution is deemed within the scope of core issues. If not found to be within the scope of core issues the bill is returned to the Task Force. If the bill is found to be within the scope of core issues it shall be placed before the Board for consideration for adoption.
- C. The Executive Director/Senior Director of Policy shall transmit from the Executive Committee to the full Board any policy statement, model bill or resolution within ten days of such approval. Members of the Legislative Board of Directors shall have thirty days from the date of Task Force approval to review any new policy statement, model bill or resolution prior to adoption as official ALEC policy. Within those thirty days, any member of the Legislative Board of Directors may request that the policy be formally reviewed by the Legislative Board of Directors before the policy is adopted as official ALEC policy.

- D. A member of the Legislative Board of Directors may request a formal review by the Legislative Board of Directors. The **request must be in writing** and must state the cause for such action and a copy of the letter requesting the review shall be sent by the National Chair to the appropriate Task Force Chair. The National Chair shall schedule a formal review by the Legislative Board of Directors no later than the next scheduled Legislative Board of Directors meeting. If the model bill or resolution has previously undergone a challenge before the full Board the National Chair may elect any of the following options:
 - Allow for a second formal review
 - Allow for a vote only at the next Board Meeting waiving Section IX (E) except for staff analysis.
 - Allow for an early vote of the full board by any means of electronic communication waiving Section IX(E) except for staff analysis.
- E. The review process will **consist of key members of the Task Force**, appointed by the Task Force Chair, providing the support for and opposition to the Task Force position. Position papers may be faxed or otherwise quickly transmitted to the members of the Legislative Board of Directors. The following is the review and adoption procedures:
 - **Notification of Committee**: Staff will notify Task Force Chairs and the entire task force when the Board requests to review one of the Task Forces' model bills or resolutions.
 - **Staff Analysis**: Will be prepared in a neutral fashion. The analyses will include:
 - History of Task Force action
 - o Previous ALEC official action/resolutions
 - Issue before the Board
 - o Proponents arguments
 - o Opponents arguments
 - **Standardized Review Format**: To ensure fairness, a set procedure will be used as the format to ensure the model bill/resolution has a fair hearing before the Board.
 - o Task Force Chair(s) will be invited to attend the Board Review
 - Task Force Chair(s) will decide who will present in support and in opposition for the model bill/resolution before the Board.
 - Twenty minutes that is equally divided will be given for both sides to present before the Board.
 - It is suggested that the Board not take more than twenty minutes to ask questions of the presenters.
 - o Presenters will then be excused and the Board will have a suggested twenty more minutes for discussion and vote.
 - o All votes will be recorded for the official record.

• Notification of Committee: The Director of Policy will notify presenters immediately after the vote. If the Board votes to send the model bill/resolution back to the task force, the Board will instruct the Director of Policy or another board member what to communicate.

F. The Legislative Board of Directors can:

- (1) Vote to affirm the policy or affirm the policy by taking no action, or
- (2) Vote to disapprove the policy, or
- (3) Vote to return the policy to the Task Force for further consideration providing reasons therefore.
- G. Task Forces may only undertake educational activities that are based on a policy statement, model bill or resolution that has been adopted as official ALEC policy, unless the Task Force votes to undertake the educational activity, in which case the educational activity is subjected to the same review process outlined in this Section. It is the responsibility of the Task Force Executive Committee to affirm by three-fourths majority vote conducted in accordance with Section VIII that an educational activity conforms to a policy statement, model bill or resolution.

X. EXCEPTIONS TO THE TASK FORCE OPERATING PROCEDURES.

Exceptions to these Task Force Operating Procedures must be approved by the Legislative Board of Directors.